



Dear Applicant:

Thank you for your interest in the "Community Watch Program".

The "Community Watch" program is comprised of neighborhoods, much like your own, that have decided to insure the safety of their community by forming a partnership with the Fairfield County Sheriff's Office. Volunteers wear uniforms that proudly display to any potential criminal that they are the eyes and ears of law enforcement within this community.

Over 100,000 members from communities currently help law enforcement keep their neighborhoods safe by volunteering as a part of the various Community Watch Programs. Each volunteer received training, uniform and guidance from Fairfield County Sheriff's Office to ensure that this program succeeds in helping eliminate crime from your neighborhood.

Each of the Citizens Observers are supervised by a sworn law enforcement liaison officer who will monitor the performance of patrols under their jurisdiction.

The Community Watch Program emerges as a most effective approach to residential safety, awareness and involvement. The Community Watch Program serves as a strong deterrent against unlawful actions of potential criminals. Considerable credit for the reduction of crime rates is attributed to the presence of the Community Watch on the streets of participating neighborhoods, plus the continuous vigilance of individual Patrol members.

The effectiveness of any neighborhood Community Watch is totally dependent on the efficient management of the program by its Patrol leaders, together with the loyalty and dedication shared among the individual members. Your willingness to serve with the program is a positive indication of your enthusiastic interest in the safety and security of your neighborhood. Your time and energy will be a most worthwhile investment for the betterment of your community.

Awareness and involvement are keys to a successful Community Watch Program. Keeping interest high and continuing the group's crime prevention education must be the primary focuses of all participants.

- A Citizen Observer's only job function is to patrol a designated area and observe suspicious occurrences, people or objects and check closed building upon request.
- Perform routine house checks of closed houses, when requested, and report any unusual occurrences.
- Contact Sheriff's Office communications upon observation of any suspicious activity, vehicle or person.
- Patrol designated area in a diligent and professional manner.
- Refer all questions to the Community Watch Liaison.
- Turn in all reports and paperwork to the Community Watch Liaison at the end of each shift.
- Be courteous and professional in the performance of duties and assigned tasks.
- Maintain all equipment in a proper condition.
- Maintain physical ability and appearances in conformity with the acceptable Fairfield County Sheriff's Office standards.

Sincerely,

Sheriff Dave Phalen

# **FAIRFIELD COUNTY SHERIFF'S OFFICE**

## **COMMUNITY WATCH PROGRAM APPLICATION FORM**

(PLEASE PRINT OR TYPE CLEARLY)

**APPLICATION MUST BE FULLY COMPLETED TO PARTICIPATE IN PROGRAM**

|                                 |                               |                            |
|---------------------------------|-------------------------------|----------------------------|
| <b>NAME: (FIRST, MI, LAST):</b> |                               |                            |
| <b>CURRENT STREET ADDRESS:</b>  | <b>STATE:</b>                 | <b>ZIP CODE:</b>           |
| <b>PREVIOUS ADDRES:</b>         | <b>STATE:</b>                 | <b>ZIP CODE:</b>           |
| <b>HOME PHONE:</b>              | <b>CELL PHONE/PAGER:</b>      | <b>WORK PHONE:</b>         |
| <b>DRIVERS LICENSE #:</b>       | <b>STATE ISSUED:</b>          | <b>DATE OF EXPIRATION:</b> |
| <b>EMAIL ADDRESS:</b>           | <b>NEIGHBORHOOD/TOWNSHIP:</b> |                            |
| <b>EMPLOYER:</b>                |                               |                            |
| <b>STREET ADDRESS:</b>          | <b>STATE:</b>                 | <b>ZIP CODE:</b>           |
| <b>SUPERVISOR:</b>              | <b>PHONE NUMBER:</b>          |                            |

**LIST ALL CRIMINAL AND TRAFFIC CONVICTIONS:**

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**\*Application cannot be processed without the above information**

**PLEASE PROVIDE A SUMMARY OF WHY YOU WOULD LIKE TO PARTICIPATE  
IN THE “COMMUNITY WATCH PROGRAM”:**

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I understand that as a requirement for membership in the Fairfield County Sheriff’s Office Community Watch Program, I must truthfully complete and submit this application form. As part of the application process, I understand that I will also be required to complete and submit a Fairfield County Sheriff’s Office Personal Information Release, which authorizes the release of any traffic and/or criminal convictions contained in my police record. Failure to complete either will result in my removal as a candidate for the Community Watch Program.

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Applicant’s Signature

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Date Signed

OFFICE OF THE SHERIFF  
FAIRFIELD COUNTY

Dave Phalen, Sheriff



Date: \_\_\_\_\_

I hereby give my permission for authorized agents of the Fairfield County sheriff's Office to conduct an investigation of my background, including but not limited to education, employment, health, credit, reputation, military records and any other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application for the position of Community Watch Volunteer.

I give my permission for any person, business, or institution contacted in the course of such investigation to release any and all information properly requested, and copies of the same if requested, and do hereby release such person, business or institution from all liability for providing correct information.

I recognize the right of the Fairfield County Sheriff's Office to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent(s) the names of such confidential sources, and information obtained therefrom.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed or Typed Name

Sworn to and subscribed before me by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires\_\_\_\_\_